

B6A (Official Form 6A) (12/07)

In re Mervin R Saunders and Anita C Saunders,  
Debtor

Case No. 15-31470-JNP  
(If known)

## SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	Husband, Wife, Joint, or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Primary Residence - Single Family Home 312 East Clayton Ave, Clayton, NJ 08312	Tenancy by the Entirety	J	\$132,000.00	\$96,000.00
Total ►			\$132,000.00	

(Report also on Summary of Schedules.)

In re Mervin R Saunders and Anita C Saunders,  
DebtorCase No. 15-31470-JNP  
(If known)**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	Husband, Wife, Joint, Or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Bank of America Joint Checking	J	\$967.99
			J	\$105.86
				\$3.53
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		3 bedrooms of furniture 1 desktop computer	J	\$4,000.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		codebtor's clothing	W	\$500.00
		Debtor's clothing	H	\$500.00

B 6B (Official Form 6B) (12/2007)

In re Mervin R Saunders and Anita C Saunders,  
Debtor

Case No. 15-31470-JNP  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	Husband, Wife, Joint, Or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.		Glock 19 Handgun- registered	W	\$200.00
		Stevenson 320 12 gauge shotgun	H	\$200.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401 K through Scholastic--debtor's employer	H	\$9,696.05
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			

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In re Mervin R Saunders and Anita C Saunders,  
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## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	Husband, Wife, Joint, Or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A – Real Property.	X			

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## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	Husband, Wife, Joint, Or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			

B 6B (Official Form 6B) (12/2007)

In re Mervin R Saunders and Anita C Saunders,  
Debtor

Case No. 15-31470-JNP  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	Husband, Wife, Joint, Or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2009 Kia Optima	J	\$13,000.00
		2010 Honda Automobile	H	\$12,000.00
		2010 Honda Accord	H	\$12,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			

B 6B (Official Form 6B) (12/2007)

In re Mervin R Saunders and Anita C Saunders,  
Debtor

Case No. 15-31470-JNP  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	Husband, Wife, Joint, Or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

5 continuation sheets attached Total ►  
(Include amounts from any continuation  
sheets attached. Report total also on  
Summary of Schedules.)

\$53,173.43

B6C (Official Form 6C) (04/13)

In re Mervin R Saunders and Anita C Saunders,  
Debtor

Case No. 15-31470-JNP  
(If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

- ☒ 11 U.S.C. § 522(b)(2)  
☐ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.\*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Primary Residence - Single Family Home	11 USC § 522(d)(1)	\$45,000.00	\$132,000.00

2009 Kia Optima	11 USC § 522(d)(2)	\$3,211.00	\$13,000.00
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codebtor's clothing	11 USC § 522(d)(5)	\$500.00	\$500.00
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6299	11 USC § 522(d)(5)	\$967.99	\$967.99
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***Property personal description CO***	11 USC § 522(d)(5)	\$105.86	\$105.86
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\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



B6C (Official Form 6C) (04/13)

In re Mervin R Saunders and Anita C Saunders,  
Debtor

Case No. 15-31470-JNP  
(If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Glock 19 Handgun- registered	11 USC § 522(d)(5)	\$200.00	\$200.00
Stevenson 320 12 gauge shotgun	11 USC § 522(d)(5)	\$200.00	\$200.00
3 bedrooms of furniture 1 desktop computer	11 USC § 522(d)(3)	\$3,000.00	\$4,000.00
	11 USC § 522(d)(3)		
401 K through Scholastic--debtor's employer	11 USC § 522(d)(12)	\$9,696.05	\$9,696.05
Debtor's clothing	11 USC § 522(d)(3)	\$500.00	\$500.00

B6C (Official Form 6C) (04/13)

In re Mervin R Saunders and Anita C Saunders,  
DebtorCase No. 15-31470-JNP  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

(Continuation Sheet)


In re Mervin R Saunders and Anita C Saunders,  
Debtor

Case No. 15-31470-JNP  
(If known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. CapitalOne Auto Finance 3905 N. Dallas Parkway Plano, TX 75093		H	Purchase-Money Security Interest 2010 Honda Automobile VALUE \$ \$12,000.00				\$12,000.00	
ACCOUNT NO. 1633 Green Tree Mortgage P.O. Box 6172 Rapid City, SD 57709-6172		W	First Mortgage Debtor's residence located at 312 East Clayton Ave, Clayton, NJ 08312 VALUE \$ \$132,000.00				\$96,000.00	
ACCOUNT NO. 3424 HSA Fannie Mae Home Saver Advance Clear Spring Home Services P.O. Box 52238 Idaho Falls, ID 83405-2238			12/04/14 Secondary Mortgage 312 E. Clayton Ave, Clayton, NJ 08312 VALUE \$ \$132,000.00				\$5,312.41	
ACCOUNT NO. 2597 Turnersville Kia 2900 Rte 42 Sicklerville, NJ 08081		J	10/12/15 Purchase-Money Security Interest 2009 Kia Optima1 VALUE \$ \$13,000.00				\$9,789.00	
Subtotal ▶ (Total of this page)				\$ 123,101.41			\$ 0.00	
Total ▶ (Use only on last page)				\$			\$	

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

1 continuation sheets attached

**(if known)**

## (Continuation Sheet)

(Report also on Summary of Schedules.)	(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)
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B 6E (Official Form 6E) (04/13)

In re Mervin R Saunders and Anita C Saunders,  
Debtor

Case No. 15-31470-JNP  
(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Mervin R Saunders and Anita C Saunders**,  
Debtor

Case No. **15-31470-JNP**  
(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts Owed to Governmental Units** Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.			2009						
Internal Revenue Service P.O. Box 9052 Andover, MA 01810		W	Federal Taxes				\$1,970.55	\$1,970.55	\$0.00

Sheet no. 1 of 1 continuation sheets attached to Schedule  
of Creditors Holding Priority Claims

Subtotals▶  
(Totals of this page)

Total▶

(Use only on last page of the completed  
Schedule E. Report also on the Summary  
of Schedules.)

Totals▶

(Use only on last page of the completed  
Schedule E. If applicable, report also on  
the Statistical Summary of Certain  
Liabilities and Related Data.)

\$	<b>1,970.55</b>	\$	<b>1,970.55</b>	\$	<b>\$0.00</b>
\$	<b>1,970.55</b>				
		\$	<b>1,970.55</b>	\$	<b>0.00</b>

In re **Mervin R Saunders and Anita C Saunders**Case No. **15-31470-JNP**

Debtor

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>See instructions above.</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6794</b>			<b>1-2-04</b>				
<b>Accounts Receivable Management for Elmer Emergency Physicians P.O. Box 129 Thorofare, NJ 08086-0129</b>		<b>W</b>	<b>Medical Services</b>			<b>X</b>	<b>\$687.00</b>
<b>Notes: This claim is beyond the statute of limitations</b>							
ACCOUNT NO. <b>8475</b>			<b>11/10/2004</b>				
<b>AENT, Division of Rohna, LLC P.O. Box 48158 Newark, NJ 07101-4800</b>		<b>W</b>	<b>Medical Services</b>			<b>X</b>	<b>\$231.00</b>
<b>Notes: This claim is beyond the statute of limitations</b>							
ACCOUNT NO. <b>0866</b>			<b>2003</b>				
<b>Arrow Financial Services, LLC 21031 Network Place Chicago, IL 60673-1210</b>		<b>W</b>	<b>***Creditor unsecured consideration RMC***</b>			<b>X</b>	<b>\$3,405.00</b>
<b>Notes: Claim is beyond the statute of limitations</b>							
ACCOUNT NO. <b>kert</b>			<b>November 2012</b>				
<b>Atlantic Radiologists c/o Rickert Collection Systems, Inc. 575 Milltown Road, P.O. Box7242 North Brunswick, NJ 08902</b>		<b>W</b>	<b>Medical Services</b>				<b>\$172.00</b>
Subtotal▶							<b>\$ 4,495.00</b>
Total▶							\$

10 continuation sheets attached

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **Mervin R Saunders and Anita C Saunders**,  
Debtor

Case No. **15-31470-JNP**  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8505</b>			<b>12/30/99</b>				
Audit Systems, Inc. for Checkagain 3696 Ulmerton Road Clearwater, FL 33762		<b>W</b>	This claim is beyond the statute of limitations			<b>X</b>	<b>\$50.00</b>
Notes: This claim is beyond the statute if limitations							
ACCOUNT NO. <b>8522</b>			<b>05/06/05</b>				
Booth Radilogy Kings Highway Woodbury, NJ 080-96		<b>W</b>	Medical Services			<b>X</b>	<b>\$157.00</b>
Notes: This claim is beyond the statute of limitations							
ACCOUNT NO. <b>0383</b>			<b>2002</b>				
C & H Collections for Cooper Hospital P.O. Box 1399 Merchantville, NJ 08109		<b>W</b>	Medical Services			<b>X</b>	<b>\$0.00</b>
Notes: This claim is beyond the statute of limitations							
ACCOUNT NO. <b>7627</b>			<b>10/23/04</b>				
C.C.S. for High Point P.O. Box 551216 Boston, MA 02205-5126		<b>W</b>				<b>X</b>	<b>\$207.00</b>
Notes: This claim is beyond the statute of limitations							

Sheet no. **1** of **10** continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶

\$ **414.00**

Total▶

\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)



In re **Mervin R Saunders and Anita C Saunders**,  
Debtor

Case No. **15-31470-JNP**  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2004</b>  Capital One Services, Inc. c/o Allied Interstate 1979 Marcus Avenue, Suite 100 Lake Success, NY 11042		<b>W</b>	<b>10/10/2003</b>  <b>Credit Card Charges</b>			<b>X</b>	<b>\$756.52</b>
<b>Notes: claim is beyond the statute of limitations</b>							
ACCOUNT NO. <b>2012</b>  Cardiovascular Assoc. of Delaware Valley c/o Apex Asset Management, LLC 2501 Oregon Pike, suite 102 Lancaster , PA 17601-4890		<b>W</b>	<b>07/17/12</b>  <b>Medical Services</b>				<b>\$48.45</b>
ACCOUNT NO.  Comcast 304 S. Broad Street Woodbury, NJ 08096			<b>General Services</b>				<b>\$198.86</b>
ACCOUNT NO. <b>2168</b>  Cooper University Physicians P. O. Box 95000-4345 Philadelphia, PA 19195-4345		<b>J</b>	<b>2012</b>  <b>Medical Services</b>				<b>\$382.00</b>
<b>Notes: medical services for Dante</b>							

Sheet no. **2** of **10** continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶

\$ **1,385.83**

Total▶

\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **Mervin R Saunders and Anita C Saunders**,  
Debtor

Case No. **15-31470-JNP**  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			2013				
Dental Solutions-Blackwood 61 S. Blackhorse Pike Blackwood, NJ 08012		W	Dental Services				\$98.00
Notes: This claim is beyond the statute of limitations							
ACCOUNT NO. 3617			11/20/03				
Divorce Center 647 Landis Avenue Vineland, NJ 08360		W	Legal Services			X	\$149.00
Notes: This claim is beyond the statute of limitations							
ACCOUNT NO. 5484							
Fulton Bank of New Jersey c/o Commercial Acceptance Co. P.O. Box 3268 Shiremanstown, PA 17011-3268		W	Personal Loan				\$726.40
Notes: This claim is beyond the statute of limitations							
ACCOUNT NO.			2005				
Gentle Touch Dentistry 188 Fries Mill Road Suite D3 Turnersville, NJ 08012		W	Dental Services			X	\$121.00
Notes: This claim is beyond the statute of limitations							

Sheet no. 3 of 10 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ► \$ **1,094.40**

Total ► \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **Mervin R Saunders and Anita C Saunders**,  
Debtor

Case No. **15-31470-JNP**  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2487</b>  Gloucester County EMS P.O. Box 1016 Voorhees, NJ 08043		<b>W</b>	<b>01-12-2014</b> <b>Transportation Services</b>				<b>\$787.00</b>
ACCOUNT NO. <b>0539</b>  Gold Key Credit, Inc. 625 U.S. Highway , Suite 105 Key West, FL 33040-5625		<b>W</b>	<b>2001</b> <b>Medical Services</b>			<b>X</b>	<b>\$291.08</b>
<b>Notes: this claim is beyond the statute of limitations.</b> <b>The original claim was for Washinton Twp. Emergency Physicians.</b>							
ACCOUNT NO.  H.S.A. Fannie Mae Home Saver Advance c/o ClearSpring P.O. Box 52238 Idaho Falls, ID 83405-3738		<b>W</b>					<b>\$5,312.41</b>
<b>Notes: may be secured!</b>							
ACCOUNT NO.  Hoffman Dimuzio 1739-1753 Delsea Drive P.O. Box 285 Franklinville, NJ 08322		<b>W</b>	<b>Legal Services</b>				<b>\$5,538.67</b>

Sheet no. **4** of **10** continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **11,929.16**

Total▶  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

In re **Mervin R Saunders and Anita C Saunders**,  
Debtor

Case No. **15-31470-JNP**  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0560</b>							
<b>KENNEDY University hOSPITAL 500 Marlboro Ave Cherry Hill, NJ 08034-5084</b>		<b>H</b>	<b>Medical Services</b>				<b>\$150.00</b>
ACCOUNT NO. <b>1245</b>							
<b>KENNEDY UNIVERSITY HOSPITAL 500 Marlboro Avenue Cherry Hill, NJ 08034-5084</b>		<b>W</b>	<b>Medical Services</b>				<b>\$13,829.22</b>
ACCOUNT NO. <b>8049</b>							
<b>LA FITNESS 2600 Michelson Drive Suite 300 Irvine, CA 92612</b>		<b>J</b>	<b>9/20/2012</b>				<b>\$101.28</b>
ACCOUNT NO. <b>8250</b>							
<b>Lab Corp. of America c/o American Medical Collection Agency P.O. Box 1235 Elmsford, NY 10523-0935</b>		<b>W</b>	<b>Medical Services</b>				<b>\$567.00</b>

Sheet no. **5** of **10** continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ► \$ **14,647.50**

Total ► \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **Mervin R Saunders and Anita C Saunders**,  
Debtor

Case No. **15-31470-JNP**  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>							
<b>Lantz Medical, Inc.</b> 7750 Zionsville Road Suite 800 Indianapolis, IN 46268-5126		<b>W</b>	<b>Medical Services</b>				<b>\$64.90</b>
<b>ACCOUNT NO.</b>							
<b>MEDCLR, Inc.</b> c/o NCO Financial Systems, Inc. P.O. Box 8547 Philadelphia, PA 19101		<b>W</b>	<b>2003 Medical Services</b>			<b>X</b>	<b>\$391.00</b>
<b>Notes: This claim is beyond the statute of limitations. Former creditor was Haddon Emergency Physicians</b>							
<b>ACCOUNT NO.</b> <b>0487</b>							
<b>Novacare Rehabilitation</b> 4716 Gettysburg Road Mechanicsburg, PA 17055		<b>W</b>	<b>6-2-through 8-26-2014 Medical Services</b>				<b>\$456.00</b>
<b>ACCOUNT NO.</b> <b>7629</b>							
<b>Providian National Bank</b> c/o Capital Crossing P.O. Box 441344 Kennesaw, GA 30160		<b>W</b>	<b>2003</b>			<b>X</b>	<b>\$538.35</b>
<b>Notes: This claim is beyond the statute of limitations</b>							

Sheet no. 6 of 10 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶

\$ **1,450.25**

Total▶

\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **Mervin R Saunders and Anita C Saunders**,  
Debtor

Case No. **15-31470-JNP**  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6672</b>  <b>Quest Diagnostics Incorporated P.O. Box 41652 Philadelphia, PA 19102-1652</b>		<b>W</b>	<b>2003 Medical Services</b>			<b>X</b>	<b>\$66.15</b>
<b>Notes: This claim is barred by the statute of limitations</b>							
ACCOUNT NO.  <b>Radiology Associates of NJ, PC c/o C.tech Collections, INC. P.O. Box 402 Mount Sinai, NY 11766</b>		<b>W</b>	<b>2015 Medical Services</b>				<b>\$148.40</b>
ACCOUNT NO. <b>0223</b>  <b>Reconstructive Orthopedics, PA 4 Eves Drive, Building A Suite 100 Marlton, NJ 08053</b>		<b>W</b>	<b>4/14-12/11/14 Medical Services</b>				<b>\$452.39</b>
ACCOUNT NO. <b>8567</b>  <b>Rednor &amp; Risi Family Medicine Assoc. 4 Princess Road, Suite 207 Lawrenceville, NJ 08648-2322</b>			<b>5/08/2015 Medical Services</b>				<b>\$632.00</b>

Sheet no. 7 of 10 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ►

\$ **1,298.94**

Total ►

\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **Mervin R Saunders and Anita C Saunders**,  
Debtor

Case No. **15-31470-JNP**  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>							
<b>Regional Cardiology Consultants P.O. Box 51268 Philadelphia, PA 19115</b>		<b>W</b>	<b>Medical Services</b>				<b>\$202.06</b>
<b>ACCOUNT NO. 0932</b>							
<b>South Jersey Gas P. O. Box 6091 Bellmawr, NJ 08099-6091</b>		<b>W</b>	<b>General Services</b>				<b>\$1,568.00</b>
<b>ACCOUNT NO. 9678</b>							
<b>Southern Regional Pathology c/o MPMA, Inc. P.O. Box 298 Millville, NJ 08332</b>		<b>W</b>	<b>10/18/2004 Medical Services</b>				<b>\$110.00</b>
<b>Notes: This claim is beyond the statute of limitations</b>							
<b>ACCOUNT NO.</b>							
<b>Sprint Services c/o Jefferson Capital Services, LLC P.O. Box 953183 Saint Louis, MO 63195-3185</b>		<b>W</b>	<b>telephone service</b>				<b>\$621.66</b>

Sheet no. **8** of **10** continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶

\$ **2,501.72**

Total▶

\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **Mervin R Saunders and Anita C Saunders**,  
Debtor

Case No. **15-31470-JNP**  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0662</b> State of N.J. Surcharge Violation System c/o GC Services Limited Partnership 6330 Gulfton Houston, TX 77081		<b>W</b>					<b>\$522.57</b>
ACCOUNT NO. <b>7397</b> Verizon c/o Diversified Adjustment Service, Inc. P.O. Box 32145 Fridley, MN 55432-0145		<b>H</b>	<b>General Services</b>				<b>\$2,425.28</b>
ACCOUNT NO. <b>2369</b> Williamstown Pediatrics 925 S. Black Horse Pike Williamstown, NJ 08094		<b>W</b>	<b>2002 Medical Services</b>			<b>X</b>	<b>\$95.00</b>
<b>Notes: Claim is beyond the statute of limitations. for Dante</b>							
ACCOUNT NO. ***Creditor unsecured mailing state RMC***		<b>W</b>					<b>\$0.00</b>

Sheet no. **9** of **10** continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ► \$ **3,042.85**

Total ►  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$



In re **Mervin R Saunders and Anita C Saunders**,  
Debtor

Case No. **15-31470-JNP**  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>							
<b>***Creditor unsecured mailing state RMC***</b>		<b>W</b>					<b>\$0.00</b>

Sheet no. **10** of **10** continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶

\$ **0.00**

Total▶

\$ **42,259.65**

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

**Case No. 15-31470-JNP**  
**(if known)**

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

[illegible]

**Fill in this information to identify your case:**

Debtor 1 **Mervin R Saunders**  
First Name Middle Name Last Name

Debtor 2 **Anita C Saunders**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for: **New Jersey**

Case number **15-31470-JNP**  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form B 6I**

**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

☒ Employed  
☐ Not employed

☒ Employed  
☐ Not employed

**Occupation**

**Truck Driver**

**Residential Aide**

**Employer's name**

**Scholastic Corporation**

**Kelsch Associates, Inc.**

**Employer's address**

**100 Plaza Drive**  
Number Street

**368 Broadway, Route 130**  
Number Street

**Secaucus, NJ 07094-3613**  
City State ZIP Code

**Westville, NJ 08093**  
City State ZIP Code

**How long employed there?**

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <b>\$ 1,721.83</b>	<b>\$ 1,603.81</b>
3. <b>Estimate and list monthly overtime pay.</b>	3. <b>+ \$ 0.00</b>	<b>+ \$ 0.00</b>
4. <b>Calculate gross income.</b> Add line 2 + line 3.	4. <b>\$ 1,721.83</b>	<b>\$ 1,603.81</b>

Debtor 1

**Mervin R Saunders**

First Name

Middle Name

Last Name

Case number (if known) **15-31470-JNP**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ <b>1,721.83</b>	\$ <b>1,603.81</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>328.16</b>	\$ <b>153.94</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>104.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: _____	5h. + \$ <b>0.00</b>	+ \$ <b>0.00</b>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <b>432.16</b>	\$ <b>153.94</b>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <b>1,289.67</b>	\$ <b>1,449.87</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: <b>See Attachment 1</b>	8h. + \$ <b>620.50</b>	+ \$ <b>620.50</b>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <b>620.50</b>	\$ <b>620.50</b>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>1,910.17</b>	+ \$ <b>2,070.37</b> = \$ <b>3,980.54</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. + \$ <b>0.00</b>
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12.	\$ <b>3,980.54</b> Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: <b>See Attachment 2</b>		

## **Addendum**

### **Attachment 1**

**Description: Room & Board from son  
Debtor's Amount: \$107.50  
Spouse's Amount: \$107.50**

**Description: Room & Board from son,  
Debtor's Amount: \$107.50  
Spouse's Amount: \$107.50**

**Description: Room & Board from son  
Debtor's Amount: \$405.50  
Spouse's Amount: \$405.50**

### **Attachment 2**

**The debtor's work involves the schools and he is furlowed each summer. He does receive unemployment compensation which does not replace 100 percent of his pay.**

Fill in this information to identify your case:

Debtor 1 **Mervin R Saunders**  
First Name Middle Name Last Name

Debtor 2 **Anita C Saunders**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for: **New Jersey**

Case number **15-31470-JNP**  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

son, Alonzo

27

- ☐ No
- ☒ Yes

son, Michael

21

- ☐ No
- ☒ Yes

son, Dante

20

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

\$760.00

4.

If not included in line 4:

4a. Real estate taxes

4a.

\$0.00

4b. Property, homeowner's, or renter's insurance

4b.

\$0.00

4c. Home maintenance, repair, and upkeep expenses

4c.

\$80.00

4d. Homeowner's association or condominium dues

4d.

\$0.00

Debtor 1

**Mervin R Saunders**

First Name

Middle Name

Last Name

Case number (if known) **15-31470-JNP**

	Your expenses
5. <b>Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <b>0.00</b>
6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <b>250.00</b>
6b. Water, sewer, garbage collection	6b. \$ <b>50.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <b>210.00</b>
6d. Other. Specify: _____	6d. \$ <b>0.00</b>
7. <b>Food and housekeeping supplies</b>	7. \$ <b>300.00</b>
8. <b>Childcare and children's education costs</b>	8. \$ <b>0.00</b>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <b>50.00</b>
10. <b>Personal care products and services</b>	10. \$ <b>0.00</b>
11. <b>Medical and dental expenses</b>	11. \$ <b>25.00</b>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <b>300.00</b>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <b>25.00</b>
14. <b>Charitable contributions and religious donations</b>	14. \$ <b>300.00</b>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <b>85.00</b>
15b. Health insurance	15b. \$ <b>0.00</b>
15c. Vehicle insurance	15c. \$ <b>387.00</b>
15d. Other insurance. Specify: _____	15d. \$ <b>0.00</b>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <b>0.00</b>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <b>343.23</b>
17b. Car payments for Vehicle 2	17b. \$ <b>245.69</b>
17c. Other. Specify: <b>cell phones</b>	17c. \$ <b>130.00</b>
17d. Other. Specify: _____	17d. \$ _____
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).</b>	18. \$ <b>0.00</b>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <b>0.00</b>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <b>0.00</b>
20b. Real estate taxes	20b. \$ <b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$ <b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$ <b>0.00</b>



Debtor 1

**Mervin R Saunders**

First Name

Middle Name

Last Name

Case number (if known) **15-31470-JNP**

21. **Other.** Specify: \_\_\_\_\_

21. **+\$ 0.00** \_\_\_\_\_

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$ 3,540.92** \_\_\_\_\_

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$ 3,981.00** \_\_\_\_\_

23b. Copy your monthly expenses from line 22 above.

23b. **– \$ 3,540.92** \_\_\_\_\_

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$ 440.08** \_\_\_\_\_

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☐ Yes.

Explain here:

**B6 Cover (Form 6 Cover) (12/07)**

## **FORM 6. SCHEDULES**

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtors(s)

Unsworn Declaration Under Penalty of Perjury

**GENERAL INSTRUCTIONS:** The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank.

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

**UNITED STATES BANKRUPTCY COURT****NEW JERSEY****Mervin R Saunders and Anita C**In re **Saunders**,*Debtor*Case No. **15-31470-JNP**Chapter **13****SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property			\$ <b>132,000.00</b>		
B - Personal Property			\$ <b>53,173.43</b>		
C - Property Claimed as Exempt					
D - Creditors Holding Secured Claims				\$ <b>123,101.41</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)				\$ <b>1,970.55</b>	
F - Creditors Holding Unsecured Nonpriority Claims				\$ <b>42,259.65</b>	
G - Executory Contracts and Unexpired Leases					
H - Codebtors					
I - Current Income of Individual Debtor(s)					\$ <b>3,980.54</b>
J - Current Expenditures of Individual Debtors(s)					\$ <b>3,540.92</b>
<b>TOTAL</b>		<b>0</b>	\$ <b>185,173.43</b>	\$ <b>167,331.61</b>	

# UNITED STATES BANKRUPTCY COURT

## NEW JERSEY

**Mervin R Saunders and Anita C**In re **Saunders**,*Debtor*Case No. **15-31470-JNP**Chapter **13****STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>1,970.55</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>1,970.55</b>

**State the following:**

Average Income (from Schedule I, Line 12)	\$ <b>3,980.54</b>
Average Expenses (from Schedule J, Line 22)	\$ <b>3,540.92</b>
Current Monthly Income (from Form 22A-1 Line 11; <b>OR</b> , Form 22B Line 14; <b>OR</b> , Form 22C-1 Line 14)	\$ <b>4,566.64</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>1,970.55</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>0.00</b>
4. Total from Schedule F		\$ <b>42,259.65</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>42,259.65</b>

In re **Mervin R Saunders and Anita C Saunders**

Debtor

Case No. **15-31470-JNP**

(if known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 35 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **November 13, 2015**Signature: **/s/Mervin R Saunders****Mervin R Saunders** DebtorDate **November 13, 2015**Signature: **/s/Anita Saunders****Anita C Saunders** (Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,  
of Bankruptcy Petition Preparer

Social Security No.  
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

**UNITED STATES BANKRUPTCY COURT**  
NEW JERSEY

In re Mervin R Saunders , Anita C Saunders  
Debtor

Case No. 15-31470-JNP

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of:

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/Mervin R Saunders

Date: November 13, 2015

**UNITED STATES BANKRUPTCY COURT**  
NEW JERSEY

In re Mervin R Saunders, Anita C Saunders  
Debtor

Case No. 15-31470-JNP

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*



☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of:

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Joint Debtor: /s/Anita Saunders

Date: November 13, 2015

# UNITED STATES BANKRUPTCY COURT

NEW JERSEY

In re: Mervin R Saunders and Anita C Saunders

Debtor

Case No 15-31470-JNP

(if known)

## STATEMENT OF FINANCIAL AFFAIRS

### 1. Income from employment or operation of business

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### AMOUNT

#### SOURCE

#### Debtor:

Current Year (2015):  
\$17,224.00

truck driver

Previous Year 1 (2014):  
\$33,619.00

truck driver

Previous Year 2 (2013):  
\$31,634.00

truck driver

#### Spouse:

Current Year (2015):  
\$20,175.00

counselor

Previous Year 1 (2014):  
\$8,909.00

Funeral Director

Previous Year 2 (2013):  
\$0.00

N/A

### 2. Income other than from employment or operation of business

None  
☐

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
Debtor:	
Current Year (2015): \$2,035.00	unemployment comp.
Previous Year 1 (2014):	
Previous Year 2 (2013):	
Spouse:	
N/A	

### 3. Payments to creditors

*Complete a. or b., as appropriate, and c.*

None  
☒

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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Debtor:

Spouse:  
N/A

None  
☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None  
☒

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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**4. Suits and administrative proceedings, executions, garnishments and attachments**

None  
☒

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	-------------------------	------------------------------------	--------------------------

None  
☒

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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**5. Repossessions, foreclosures and returns**

None  
☒

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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**6. Assignments and receiverships**

None  
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None  
☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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### 7. Gifts

None  
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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### 8. Losses

None  
☒

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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### 9. Payments related to debt counseling or bankruptcy

None  
☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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Debtor: Cricket Credit Counseling 219 S.W.Stark, Suite 200 Portland, Oregon 97204	5/20/15	\$36.00 payment for credit counseling
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Spouse:

**10. Other transfers**

None  
☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None  
☒

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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Debtor:  
N/A

Spouse:

**11. Closed financial accounts**

None  
☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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**12. Safe deposit boxes**

None  
☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

None  
☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None  
☒

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None  
☒

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

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**16. Spouses and Former Spouses**

None  
☒

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

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**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites. "

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None  
☒

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME  
AND ADDRESS

NAME AND ADDRESS  
OF GOVERNMENTAL UNIT

DATE OF  
NOTICE

ENVIRONMENTAL  
LAW

None  
☒

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None  
☒

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18 . Nature, location and name of business**

None  
☒

a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None  
☒

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

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**19. Books, records and financial statements**

None  
☒

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None  
☒

b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None  
☒

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None  
☒

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

---

**20. Inventories**

None  
☒

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT  
OF INVENTORY  
(Specify cost, market or other  
basis)

None  
☒

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES  
OF CUSTODIAN  
OF INVENTORY RECORDS

---

**21. Current Partners, Officers, Directors and Shareholders**

None  
☒

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

None  
☒

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
------------------	-------	--

---

**22. Former partners, officers, directors and shareholders**

None  
☒

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

None  
☒

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

---

**23 . Withdrawals from a partnership or distributions by a corporation**

None  
☒

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIENT,	DATE AND PURPOSE	AMOUNT OF MONEY OR DESCRIPTION
----------------------------	------------------	--------------------------------

RELATIONSHIP TO DEBTOR OF WITHDRAWAL AND VALUE OF PROPERTY

---

**24. Tax Consolidation Group.**

None  
☒

If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER-IDENTIFICATION NUMBER (EIN)

---

**25. Pension Funds.**

None  
☒

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER-IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

---

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date November 13, 2015 Signature of Debtor /s/Mervin R Saunders

Date November 13, 2015 Signature of Joint Debtor (if any) /s/Anita Saunders

0 continuation sheets attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B 1C (Official Form 1, Exhibit C) (9/01)

*[If, to the best of the debtor's knowledge, the debtor owns or has possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety, attach this Exhibit "C" to the petition.]*

UNITED STATES BANKRUPTCY COURT  
NEW JERSEY

In re Mervin R Saunders and Anita C Saunders, ) Case No. 15-31470-JNP  
Debtor )  
)  
) Chapter 13

**EXHIBIT "C" TO VOLUNTARY PETITION**

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

**Fill in this information to identify your case:**

Debtor 1 **Mervin R Saunders**  
First Name Middle Name Last Name

Debtor 2 **Anita C Saunders**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for : **NEW JERSEY**  
(State)

Case number **15-31470-JNP**  
(If known)

**Check as directed in lines 17 and 21:**

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

**Official Form 22C–1**

**Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Average Monthly Income**

**1. What is your marital and filing status?** Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>2. Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	\$ <b>1,721.83</b>	\$ <b>1,603.81</b>
<b>3. Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	\$ <b>0.00</b>	\$ <b>0.00</b>
<b>4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <b>0.00</b>	\$ <b>0.00</b>
<b>5. Net income from operating a business, profession, or farm</b>		
Gross receipts (before all deductions)	\$ <b>0.00</b>	
Ordinary and necessary operating expenses	– \$ <b>0.00</b>	
Net monthly income from a business, profession, or farm	\$ <b>0.00</b>	\$ <b>0.00</b>
	Copy here →	
<b>6. Net income from rental and other real property</b>		
Gross receipts (before all deductions)	\$ <b>0.00</b>	
Ordinary and necessary operating expenses	– \$ <b>0.00</b>	
Net monthly income from rental or other real property	\$ <b>0.00</b>	\$ <b>0.00</b>
	Copy here →	



Debtor 1

**Mervin R Saunders**

Document


Page 57 of 81

Case number (if known) **15-31470-JNP**

First Name

Middle Name

Last Name

Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse7. **Interest, dividends, and royalties**\$ **0.00**\$ **0.00**8. **Unemployment compensation**\$ **0.00**\$ **0.00**Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 

For you ..... \$ \_\_\_\_\_

For your spouse ..... \$ \_\_\_\_\_

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.\$ **0.00**\$ **0.00**10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.10a. **Room & Board from son** ..... \$ **107.50**\$ **107.50**10b. **Room & Board from son,** ..... \$ **107.50**\$ **107.50**

10c. Total amounts from separate pages, if any.

+ \$ **405.50**+ \$ **405.50****See Attachment Line 10c: Other Income**11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.\$ **2,342.33**+ \$ **2,224.31**= \$ **4,566.64**Total average  
monthly income**Part 2:** Determine How to Measure Your Deductions from Income12. **Copy your total average monthly income from line 11.** ..... \$ **4,566.64**13. **Calculate the marital adjustment.** Check one:☐ You are not married. Fill in 0 in line 13d.☒ You are married and your spouse is filing with you. Fill in 0 in line 13d.☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 on line 13d.

13a. .... \$ \_\_\_\_\_

13b. .... \$ \_\_\_\_\_

13c. .... + \$ \_\_\_\_\_

13d. Total ..... \$ **0.00** Copy here. → 13d. — **0.00**14. **Your current monthly income.** Subtract line 13d from line 12.14. \$ **4,566.64**15. **Calculate your current monthly income for the year.** Follow these steps:15a. Copy line 14 here → ..... 15a. \$ **4,566.64**

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

15b. \$ **54,799.68**

First Name Middle Name Last Name

**16. Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live.

NJ

16b. Fill in the number of people in your household.

516c. Fill in the median family income for your state and size of household.....16c. **\$ 119,056.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Disposable Income* (Official Form 22C-2).17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3:**

Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

**18. Copy your total average monthly income from line 11.** .....18. **\$ 4,566.64****19. Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d.

If the marital adjustment does not apply, fill in 0 on line 19a.

19a. — \$ **0.00****Subtract line 19a from line 18.**19b. **\$ 4,566.64****20. Calculate your current monthly income for the year.** Follow these steps:20a. Copy line 19b.....20a. **\$ 4,566.64**

Multiply by 12 (the number of months in a year).

**x 12**

20b. The result is your current monthly income for the year for this part of the form.

20b. **\$ 54,799.68**

20c. Copy the median family income for your state and size of household from line 16c. ....

**\$ 119,056.00****21. How do the lines compare?**☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.**Part 4:**

Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/Mervin R Saunders**

Signature of Debtor 1

**X /s/Anita Saunders**

Signature of Debtor 2

Date **11/13/2015**  
MM / DD / YYYYDate **11/13/2015**  
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 22C-2.

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

## Attachment

Debtor: Mervin R Saunders

Case Number: 15-31470-JNP

### Attachment Line 10c: Other Income

Description: Room & Board from son

Debtor Amount: \$405.50

Spouse Amount: \$405.50

**United States Bankruptcy Court**  
**NEW JERSEY**

**In re**

**Mervin R Saunders and Anita C Saunders**

Case No. 15-31470-JNP

**Debtor**

Chapter 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 3,310.00

Prior to the filing of this statement I have received ..... \$ 810.00

Balance Due ..... \$ 2,500.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR (Continued)**

- d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~-----
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**representation of debtor in adversary proceeding**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

**November 13, 2015**

*Date*

**/s/Roger C. Mattson**

**Roger C. Mattson**

*Signature of Attorney*

**Roger C. Mattson**

*Name of law firm*

**UNITED STATES BANKRUPTCY COURT  
NEW JERSEY**

In re

Chapter 13

Mervin R Saunders and Anita C Saunders

Case No. 15-31470-JNP

Debtors.

**STATEMENT OF MONTHLY GROSS INCOME**

The undersigned certifies the following is the debtor's monthly income.

Income:	Debtor	Joint Debtor
Six months ago	\$ 3,305.00	\$ 1,676.00
Five months ago	\$ 2,367.00	\$ 2,599.18
Four months ago	\$ 0.00	\$ 2,293.20
Three months ago	\$ 407.00	\$ 1,009.01
Two months ago	\$ 1,628.00	\$ 1,767.51
Last month	\$ 2,912.00	\$ 1,727.75
Total Gross income for six months preceding filing	\$ 10,619.00	\$ 11,072.65
<b>Average Monthly Gross Income</b>	\$ 1,769.83	\$ 1,845.44
<b>Average Monthly Net Income (from Schedule I)</b>	\$ 1,910.17	\$ 2,070.37

Dated: November 13, 2015

\_\_\_\_\_  
/s/Mervin R Saunders  
Mervin R Saunders  
Debtor

\_\_\_\_\_  
/s/Anita Saunders  
Anita C Saunders  
Joint Debtor

## UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### **1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

##### **Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny

your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).



**UNITED STATES BANKRUPTCY COURT**  
**NEW JERSEY**

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In re **Mervin R Saunders and Anita C Saunders**

Debtor

Case No. **15-31470-JNP**

Chapter **13**

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed name and title, if any, of Bankruptcy Petition Preparer  
Address:

X \_\_\_\_\_

Signature of Bankruptcy Petition Preparer or officer,  
principal, responsible person, or partner whose Social  
Security number is provided above.

Social Security number (If the bankruptcy petition  
preparer is not an individual, state the Social Security  
number of the officer, principal, responsible person, or  
partner of the bankruptcy petition preparer.) (Required  
by 11 U.S.C. § 110.)

**Certification of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Mervin R Saunders and Anita C Saunders**

Printed Name(s) of Debtor(s)

Case No. (if known) **15-31470-JNP**

X **/s/Mervin R Saunders**

Signature of Debtor

**November 13, 2015**

Date

X **/s/Anita Saunders**

Signature of Joint Debtor (if any)

**November 13, 2015**

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

B283 (Form 283) (04/13)

**UNITED STATES BANKRUPTCY COURT**  
**NEW JERSEY**

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**In re**

**Mervin R Saunders and Anita C Saunders**  
**Debtor**

**Case No. 15-31470-JNP**

**CHAPTER 13 DEBTOR'S CERTIFICATIONS REGARDING  
DOMESTIC SUPPORT OBLIGATIONS AND SECTION 522(q)**

*Part I. Certification Regarding Domestic Support Obligations (check no more than one)*

Pursuant to 11 U.S.C. Section 1328(a), I certify that:

☒ I owed no domestic support obligation when I filed my bankruptcy petition, and I have not been required to pay any such obligation since then.

☐ I am or have been required to pay a domestic support obligation. I have paid all such amounts that my chapter 13 plan required me to pay. I have also paid all such amounts that became due between the filing of my bankruptcy petition and today.

*Part II. If you checked the second box, you must provide the information below.*

My current address: \_\_\_\_\_

My current employer and my employer's  
address: \_\_\_\_\_

*Part III. Certification Regarding Section 522(q) (check no more than one)*

Pursuant to 11 U.S.C. Section 1328(h), I certify that:

☒ I have not claimed an exemption pursuant to § 522(b)(3) and state or local law (1) in property that I or a dependent of mine uses as a residence, claims as a homestead, or acquired as a burial plot, as specified in § 522(p)(1), and (2) that exceeds \$155,675\* in value in the aggregate.

☐ I have claimed an exemption in property pursuant to § 522(b)(3) and state or local law (1) that I or a dependent of mine uses as a residence, claims as a homestead, or acquired as a burial plot, as specified in § 522(p)(1), and (2) that exceeds \$155,675\* in value in the aggregate.

\*Amounts are subject to adjustment on 4/01/16, and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

*Part IV. Debtor's Signature*

I certify under penalty of perjury that the information provided in these certifications is true and correct to the best of my knowledge and belief.

Executed on November 13, 2015  
Date

/s/Mervin R Saunders  
Debtor

B283 (Form 283) (04/13)

**UNITED STATES BANKRUPTCY COURT**  
**NEW JERSEY**

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**In re**

**Mervin R Saunders and Anita C Saunders**  
**Debtor**

**Case No. 15-31470-JNP**

**CHAPTER 13 DEBTOR'S CERTIFICATIONS REGARDING  
DOMESTIC SUPPORT OBLIGATIONS AND SECTION 522(q)**

*Part I. Certification Regarding Domestic Support Obligations (check no more than one)*

Pursuant to 11 U.S.C. Section 1328(a), I certify that:

☒ I owed no domestic support obligation when I filed my bankruptcy petition, and I have not been required to pay any such obligation since then.

☐ I am or have been required to pay a domestic support obligation. I have paid all such amounts that my chapter 13 plan required me to pay. I have also paid all such amounts that became due between the filing of my bankruptcy petition and today.

*Part II. If you checked the second box, you must provide the information below.*

My current address: \_\_\_\_\_

My current employer and my employer's  
address: \_\_\_\_\_

*Part III. Certification Regarding Section 522(q) (check no more than one)*

Pursuant to 11 U.S.C. Section 1328(h), I certify that:

☒ I have not claimed an exemption pursuant to § 522(b)(3) and state or local law (1) in property that I or a dependent of mine uses as a residence, claims as a homestead, or acquired as a burial plot, as specified in § 522(p)(1), and (2) that exceeds \$155,675\* in value in the aggregate.

☐ I have claimed an exemption in property pursuant to § 522(b)(3) and state or local law (1) that I or a dependent of mine uses as a residence, claims as a homestead, or acquired as a burial plot, as specified in § 522(p)(1), and (2) that exceeds \$155,675\* in value in the aggregate.

\*Amounts are subject to adjustment on 4/01/16, and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

*Part IV. Debtor's Signature*

I certify under penalty of perjury that the information provided in these certifications is true and correct to the best of my knowledge and belief.

Executed on **November 13, 2015**  
Date

**/s/Anita Saunders**  
Joint Debtor

Accounts Receivable Management  
for Elmer Emergency Physicians  
P.O. Box 129  
Thorofare, NJ 08086-0129

AENT, Division of Rohna, LLC  
P.O. Box 48158  
Newark, NJ 07101-4800

Arrow Financial Services, LLC  
21031 Network Place  
Chicago, IL 60673-1210

Atlantic Radiologists c/o Rickert Colle  
575 Milltown Road, P.O. Box 7242  
North Brunswick, NJ 08902

Audit Systems, Inc. for Checkagain  
3696 Ulmerton Road  
Clearwater, FL 33762

Booth Radilogy  
Kings Highway  
Woodbury, NJ 080-96

C & H Collections for Cooper Hospital  
P.O. Box 1399  
Merchantville, NJ 08109

C.C.S. for High Point  
P.O. Box 551216  
Boston, MA 02205-5126

Capital One Services, Inc.  
c/o Allied Interstate  
1979 Marcus Avenue, Suite 100  
Lake Success, NY 11042

CapitalOne Auto Finance  
3905 N. Dallas Parkway  
Plano, TX 75093

Cardiovascular Assoc. of Delaware Valley  
2501 Oregon Pike, suite 102  
Lancaster, PA 17601-4890

Comcast  
304 S. Broad Street  
Woodbury, NJ 08096

Cooper University Physicians  
P. O. Box 95000-4345  
Philadelphia, PA 19195-4345

Dental Solutions-Blackwood  
61 S. Blackhorse Pike  
Blackwood, NJ 08012

Divorce Center  
647 Landis Avenue  
Vineland, NJ 08360

Fulton Bank of New Jersey  
c/o Commercial Acceptance Co.  
P.O. Box 3268  
Shiremanstown, PA 17011-3268

Gentle Touch Dentistry  
188 Fries Mill Road  
Suite D3  
Turnersville, NJ 08012

Gloucester County EMS  
P.O. Box 1016  
Voorhees, NJ 08043

Gold Key Credit, Inc.  
625 U.S. Highway , Suite 105  
Key West, FL 33040-5625

Green Tree Mortgage  
P.O. Box 6172  
Rapid City, SD 57709-6172

H.S.A. Fannie Mae Home Saver Advance  
c/o ClearSpring  
P.O. Box 52238  
Idaho Falls, ID 83405-3738

Hoffman Dimuzio  
1739-1753 Delsea Drive  
P.O. Box 285  
Franklinville, NJ 08322

HSA Fannie Mae Home Saver Advance  
Clear Spring Home Services  
P.O. Box 52238  
Idaho Falls, ID 83405-2238

Internal Revenue Service  
P.O. Box 9052  
Andover, MA 01810

KENNEDY University hOSPITAL  
500 Marlboro Ave  
Cherry Hill, NJ 08034-5084

KENNEDY UNIVERSITY HOSPITAL  
500 Marlboro Avenue  
Cherry Hill, NJ 08034-5084



LA FITNESS  
2600 Michelson Drive  
Suite 300  
Irvine, CA 92612

Lab Corp. of America  
c/o American Medical Collection Agency  
P.O. Box 1235  
Elmsford, NY 10523-0935

Lantz Medical, Inc.  
7750 Zionsville Road  
Suite 800  
Indianapolis, IN 46268-5126

MEDCLR, Inc.  
c/o NCO Financial Systems, Inc.  
P.O. Box 8547  
Philadelphia, PA 19101

Novacare Rehabilitation  
4716 Gettysburg Road  
Mechanicsburg, PA 17055

Providian National Bank  
c/o Capital Crossing  
P.O. Box 441344  
Kennesaw, GA 30160

Quest Diagnostics Incorporated  
P.O. Box 41652  
Philadelphia, PA 19102-1652

Radiology Associates of NJ, PC  
c/o C.tech Collections, INC.  
P.O. Box 402  
Mount Sinai, NY 11766

Reconstructive Orthopedics, PA  
4 Eves Drive, Building A  
Suite 100  
Marlton, NJ 08053

Rednor & Risi Family Medicine Assoc.  
4 Princess Road, Suite 207  
Lawrenceville, NJ 08648-2322

Regional Cardiology Consultants  
P.O. Box 51268  
Philadelphia, PA 19115

South Jersey Gas  
P. O. Box 6091  
Bellmawr, NJ 08099-6091

Southern Regional Pathology  
c/o MPMA, Inc.  
P.O. Box 298  
Millville, NJ 08332

Sprint Services  
c/o Jefferson Capital Services, LLC  
P.O. Box 953183  
Saint Louis, MO 63195-3185

State of N.J. Surcharge Violation System  
c/o GC Services Limited Partnership  
6330 Gulfton  
Houston, TX 77081

Turnersville Kia  
2900 Rte 42  
Sicklerville, NJ 08081

Verizon  
c/o Diversified Adjustment Service, Inc  
P.O. Box 32145  
Fridley, MN 55432-0145

Williamstown Pediatrics  
925 S. Black Horse Pike  
Williamstown, NJ 08094

UNITED STATES BANKRUPTCY COURT  
New Jersey

In re: **Mervin R Saunders and Anita C Saunders**

Debtors

Case No. **15-31470-JNP**

Chapter **13**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **November 13, 2015**

Signed: **/s/Mervin R Saunders**

Dated: **November 13, 2015**

Signed: **/s/Anita Saunders**

Last revised 12/1/11

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY**

In Re:

Mervin R Saunders and Anita C Saunders

Case No.: 15-31470-JNP

Judge: None as of filing date

Chapter: 13

Debtor(s)

**Chapter 13 Plan and Motions**

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☒ Original

☐ Modified/Notice Required

☒ Discharge Sought

☐ Motions Included

☐ Modified/No Notice Required

☐ No Discharge Sought

Date: November 13, 2015

THE DEBTOR HAS FILED FOR RELIEF UNDER  
CHAPTER 13 OF THE BANKRUPTCY CODE

**YOUR RIGHTS WILL BE AFFECTED**

You should have received from the court a separate Notice of the Hearing on Confirmation of Plan, which contains the date of the confirmation hearing on the Plan proposed by the Debtor. This document is the actual Plan proposed by the Debtor to adjust debts. You should read these papers carefully and discuss them with your attorney. Anyone who wishes to oppose any provision of this Plan or any motion included in it must file a written objection within the time frame stated in the Notice. **This Plan may be confirmed and become binding, and included motions may be granted without further notice or hearing, unless written objection is filed before the deadline stated in the Notice.**

**YOU SHOULD FILE A PROOF OF CLAIM BY THE DEADLINE STATED  
IN THE NOTICE TO RECEIVE DISTRIBUTIONS UNDER ANY PLAN  
THAT MAY BE CONFIRMED, EVEN IF THE PLAN REFERS TO YOUR CLAIM**

### Part 1: Payment and Length of Plan

- a. The debtor shall pay \$435.00 per month to the Chapter 13 Trustee, starting on December 15, 2015 for approximately 36 months.
- b. The debtor shall make plan payments to the Trustee from the following sources:
- ☒ Future earnings
- ☐ Other sources of funding (describe source, amount and date when funds are available):
- c. Use of real property to satisfy plan obligations:
- ☐ Sale of real property
- Description:
- Proposed date for completion: \_\_\_\_\_
- ☐ Refinance of real property:
- Description:
- Proposed date for completion: \_\_\_\_\_
- ☐ Loan modification with respect to mortgage encumbering property:
- Description:
- Proposed date for completion: \_\_\_\_\_
- d. ☐ The regular monthly mortgage payment will continue pending the sale, refinance or loan modification.
- e. ☒ Other information that may be important relating to the payment and length of plan:
- Debtor will pay \$8000.00 in arrearages to Greentree at 4% for 36 months for a total of \$8,502.44. Debtor will pay HSA Fannie Mae in full.

### Part 2: Adequate Protection

### Part 3: Priority Claims (Including Administrative Expenses)

All allowed priority claims will be paid in full unless the creditor agrees otherwise:

Creditor	Type of Priority	Amount to be Paid
Internal Revenue Service	Taxes	\$1,970.55

### Part 4: Secured Claims

#### a. Curing Default and Maintaining Payments

The Debtor shall pay to the Trustee (as part of the Plan) allowed claims for arrearages on monthly obligations and the debtor shall pay directly to the creditor (outside the Plan) monthly obligations due after the bankruptcy filing as follows:

Creditor	Collateral or	Arrearage	Interest Rate on	Amount to be	Regular Monthly
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	Type of Debt		Arrearage	Paid to Creditor (In Plan)	Payment (Outside Plan)
None					

**b. Modification**

1.) The debtor values collateral as indicated below. If the claim may be modified under Section 1322(b)(2), the secured creditor shall be paid the amount listed as the "Value of the Creditor Interest in Collateral," plus interest as stated. The portion of any allowed claim that exceeds that value shall be treated as an unsecured claim. If a secured claim is identified as having "NO VALUE" it shall be treated as an unsecured claim.

**NOTE: A modification under this Section ALSO REQUIRES the appropriate motion to be filed under Section 7 of the Plan.**

Creditor	Collateral	Scheduled Debt	Total Collateral Value	Superior Liens	Value of Creditor Interest in Collateral	Annual Interest Rate	Total Amount to be Paid
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None							

2.) Where the Debtor retains collateral and completes the Plan, payment of the full amount of the allowed secured claim shall discharge the corresponding lien.

**c. Surrender**

Upon confirmation, the stay is terminated as to surrendered collateral. The Debtor surrenders the following collateral:

Creditor	Collateral to be Surrendered	Value of Surrendered Collateral	Remaining Unsecured Debt
None			

**d. Secured Claims Unaffected by the Plan**

The following secured claims are unaffected by the Plan:

\*\*\*Creditor secured unaffected claims repeat CO\*\*\*

**e. Secured Claims to be Paid in Full Through the Plan:**

Creditor	Collateral	Total Amount to be Paid Through the Plan
None		

**Part 5: Unsecured Claims**

**a. Not separately classified** allowed non-priority unsecured claims shall be paid:

☐ Not less than \$\_\_\_\_\_ to be distributed *pro rata*

☐ Not less than \_\_\_\_\_ percent

☒ *Pro Rata* distribution from any remaining funds

**b. Separately classified unsecured** claims shall be treated as follows:

Creditor	Basis For Separate Classification	Treatment	Amount to be Paid

#### Part 6: Executory Contracts and Unexpired Leases

All executory contracts and unexpired leases are rejected, except the following, which are assumed:

Creditor	Nature of Contract or Lease	Treatment by Debtor
None		

#### Part 7: Motions

**NOTE: All plans containing motions must be served on all potentially affected creditors, together with a Chapter 13 Plan Transmittal Letter, within the time and in the manner set forth in D.N.J. LBR 3015-1. A Proof of Service must be filed with the Clerk of Court when the Plan and Transmittal Letter are served.**

Where a motion to avoid liens or partially avoid liens has been filed in the plan, a proof of claim filed that asserts a secured claim that is greater than the amount to be paid in the plan serves as opposition to the motion, and serves as an objection to confirmation. The proof of claim shall be served in accordance with D.N.J. LBR 3015-6(a). The creditor shall file a proof of service prior to the scheduled confirmation hearing. In order to prosecute the objection, the creditor must appear at the confirmation hearing, which shall be the hearing on the motion. Failure to appear to prosecute the objection may result in the motion being granted and the plan being confirmed pursuant to the terms as set forth in the plan.

**a. Motion to Avoid Liens Under 11. U.S.C. Section 522(f).**

The Debtor moves to avoid the following liens that impair exemptions:

Creditor	Nature of Collateral	Type of Lien	Amount of Lien	Value of Collateral	Amount of Claimed Exemption	Sum of All Other Liens Against the Property	Amount of Lien to be Avoided
None							

**b. Motion to Avoid Liens and Reclassify Claim From Secured to Completely Unsecured.**

The Debtor moves to reclassify the following claims as unsecured and to void liens on collateral consistent with Part 4 above:

Creditor	Collateral	Amount of Lien to be Reclassified
None		

**c. Motion to Partially Void Liens and Reclassify Underlying Claims as Partially Secured and Partially Unsecured.**

The Debtor moves to reclassify the following claims as partially secured and partially unsecured, and to void liens on collateral consistent with Part 4 above:

Creditor	Collateral	Amount to be Deemed Secured	Amount to be Reclassified as Unsecured
None			

**Part 8: Other Plan Provisions**

**a. Vesting of Property of the Estate**

- ☒ Upon confirmation  
☐ Upon discharge

**b. Payment Notices**

Creditors and Lessors provided for in Parts 4, 6 or 7 may continue to mail customary notices or coupons to the Debtor notwithstanding the automatic stay.

**c. Order of Distribution**

The Trustee shall pay allowed claims in the following order:

- 1) Trustee commissions
- 2) Counsel Fees of \$2500.00
- 3)
- 4)

**d. Post-Petition Claims**

The Trustee ☐ is, ☒ is not authorized to pay post-petition claims filed pursuant to 11 U.S.C. Section 1305(a) in the amount filed by the post-petition claimant.

**Part 9: Modification**

If this Plan modifies a Plan previously filed in this case, complete the information below.

Date of Plan being Modified:

Explain below <b>why</b> the plan is being modified:	Explain below <b>how</b> the plan is being modified:
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Are Schedules I and J being filed simultaneously with this Modified Plan? ☒ Yes ☐ No

**Part 10: Sign Here**



The Debtor(s) and the attorney for the Debtor (if any) must sign this Plan.

Date: November 13, 2015 /s/Roger C. Mattson  
Attorney for the Debtor

I certify under penalty of perjury that the foregoing is true and correct.

Date: November 13, 2015 /s/Mervin R Saunders  
Debtor

Date: November 13, 2015 /s/Anita Saunders  
Joint Debtor